

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814



January 21, 1976

ALL-COUNTY LETTER NO. 76-13

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: DETERMINATION OF DISABILITY AND BLINDNESS IN THE EVH AND APSB PROGRAMS

REFERENCE:

This is to inform counties that the Disability Evaluation Branch, Department of Health, has been assigned the responsibility for the gathering of medical evidence as well as the determination of whether a needy person meets the definition of disability or blindness for the EVH and APSB Programs. County welfare departments will continue to be responsible for making the financial eligibility determination for these applicants. Specific instructions concerning the effective date for the transfer of this responsibility will be sent to individual counties by the State Programs Coordinator, DEB, DOH, 601 J Street, Sacramento, CA 95814, (916) 322-3744.

PROCESSING APPLICATIONS ALLEGING A DISABILITY OTHER THAN BLINDNESS

The county welfare department is responsible for securing the applicant's completed Medical History and Disability Report (MC-223), the Disability Determination and Transmittal Information (MC-221) and three copies of the Authorization for Release of Medical Information (MC-220) signed by the applicant. When the applicant is unable to complete the MC-223 without assistance, the eligibility worker continues to be responsible for assisting the applicant. The MC-221 (Section 9) must still include the eligibility worker's observations regarding the applicant's competence and ability to function. This information is an important supplement to medical information; it enables the Disability Evaluation Branch staff to see the applicant as a person.

The complete packet for an applicant includes the following:

1. MC-221 - original plus 2 copies
2. MC-223 - original only
3. MC-220 - three, each signed by the applicant
4. Any supporting documents the applicant presents relating to the alleged disability, e.g., a school psychologist's report brought by the parent of a developmentally disabled child.

When entering the case number on the MC-221, 223 and 220, the county should be sure to use the proper aid category codes for EVH and APSB which are: EVH blind 25; EVH disabled, 65; APSB 50. These codes are essential for accurate payment by DBP to DOH for its services.

The packet must be sent to the Disability Evaluation Branch no later than 10 days after the application is made. County determination of financial eligibility should run parallel to the Disability Evaluation Branch medical development. If, at any time before return of the medical eligibility decision from the Disability Evaluation Branch, a decision is made to deny on the basis of nonmedical information and eligibility is not expected to exist in the immediate future, the county will notify the Disability Evaluation Branch by telephone immediately and follow with written confirmation. The Disability Evaluation Branch will immediately stop processing and return the case (MC-221) to the county. The telephone number and address of the Disability Evaluation Branch field office processing cases is indicated below.

PROCESSING APPLICATIONS ALLEGING BLINDNESS ONLY

The same process as for an application alleging a disability other than blindness will apply, except:

1. The MC-223 is not necessary.
2. The MC-221 remarks section must include "Application for Blind Aid Only" or a similar phrase.

Applications processed in this manner will be determined solely on meeting the legal blindness criteria.

APPLICATION TRANSMITTAL

Packets from all counties are to be sent to:

State Programs Unit, DEB
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030
Telephone: (213) 852-5581

DISABILITY EVALUATION BRANCH ACTION

The basic procedures that currently exist in counties will be performed by the Disability Evaluation Branch operation.

Upon receipt of an application packet, the Disability Evaluation Branch will take whatever actions are required to obtain the medical evidence on which a decision can be made. The applicant will normally be contacted by telephone within the week after receipt of the case from the county, unless it appears from the available evidence that an allowance can be made without new information.

verifying eligibility for Social Security (Title II) benefits or SSI/SSP (Title XVI) benefits on the basis of permanent disability, or 2) has documentation of medical eligibility for Medi-Cal, EVH or APSB on a permanent basis, or 3) has documentation of medical eligibility for the former AB or ATD programs on a permanent basis. Such applicants should be administratively reinstated, citing the original determination as authority.

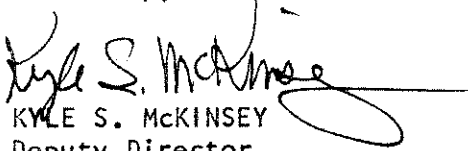
If continuing disability cannot be verified, a new determination is required. The case will be processed as a new application, EXCEPT the MC-221 must include a remark "Applicant alleges prior eligibility for (identify program) benefits which cannot be verified." The Disability Evaluation Branch will determine applicability of prior eligibility and make a new determination if necessary.

FAIR HEARING

When an applicant or recipient is denied or discontinued as a result of the disability determination and files a request for a Fair Hearing, the county welfare department is still responsible for the preparation for the hearing in accordance with EAS Manual Section 22-023.3. In preparing the basis of action statement, the county welfare department should indicate that the action is based on information on Form MC-221, Disability Determination and Transmittal, which was completed by the Disability Evaluation Branch and returned to the county welfare department. DEB will provide copies of the medical reports to the hearing officer as necessary.

Any questions regarding this letter should be directed to the Adult Program Management Branch of this department, (916) 445-0813.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

cc: CWDA

When a specialist medical examination is necessary, the closest (to the applicant) available cooperating source will be contacted, an appointment made, and the applicant informed. When the physical circumstances of the applicant require transportation arrangements, the Disability Evaluation Branch will assist the applicant, as necessary.

When a decision is made, the original MC-221 will be completed and returned to the county welfare department. The medical reports will be retained at DEB. The decision can be expected within 45 days after receipt by the Disability Evaluation Branch.

DISABILITY REEXAMINATION REQUIRED

When applicable, the Disability Evaluation Branch will enter on Form MC-221 the review date for medical reexamination of the applicant. The county welfare department is responsible for initiating requests for review by the Disability Evaluation Branch within 30 days of that date.

The forms to be submitted for reexamination depend on whether the county originally developed the case or whether it was developed by the Disability Evaluation Branch. For cases that the county developed, the county shall submit all of the documents on which the initial decision was based (including the DM-3/MC-221) and the complete packet required for new applications. For cases that the Disability Evaluation Branch developed, the county will submit only the approving Form MC 221 from the last decision in addition to the new application forms.

PRESUMPTIVE DISABILITY - EVH ONLY

There are a few circumstances which allow an applicant to be presumed disabled. They are:

1. Absence of more than one limb (hand or foot).
2. Absence of both eyes.
3. IQ of less than 50.

Payment can be made immediately without the approved MC 221. The packet must still be completed and sent as indicated above. The MC 221 Remarks section must include a statement "Applicant presumed disabled because (identify reason)."

PRIOR ELIGIBILITY

When a person was discontinued from SSI/SSP, EVH, APSB, or MNO because of cessation of disability, and later applies for EVH or APSB, a new determination of disability is required. All steps needed for a new application to establish disability must be completed.

When a person was discontinued from any of the above programs because of a change of income or resource status, and later applies for EVH or APSB, a new determination of disability is not required if the applicant, 1) has available an award letter (with no review date) from the Social Security Administration